



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

STRIDES PREMIER AUTOMOTIVE SERVICES PL	INV No.	AC2500092
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	06/01/2025
SINGAPORE 757705	Reference	CS/SMR24120347/Uqp3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SLC 9786Z
Insured Veh.	SMB 1458S
Claim No.	BUS/12/24/7014
Policy No.	
Accident Date	20/12/2024
Inspection Date	24/12/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

KHM



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24120347/Uqp3e2(N) Date: 06/01/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 1458S	Veh. Inspected	SLC 9786Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/12/24/7014	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	23/12/2024
2. Vehicle Particulars & Condition				
	Make & Model	KIA FORTE K3 (A)	c.c	1591
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	KNAFZ411MG5570201	Colour	GREY
	Odometer	155342 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/45 R17	GITI	6 mm
	L/H Front Tyre	215/45 R17	GITI	6 mm
	R/H Rear Tyre	215/45 R17	GITI	6 mm
	L/H Rear Tyre	215/45 R17	GITI	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	20/12/2024	Inspection Date	24/12/2024
	Survey held at	CARSMITH PTE LTD 8 KAKI BUKIT AVE 4 #04-35 SINGAPORE 415875		
5a. Remarks				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 9786Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOTLID (N)	BENT / WARPED	1,245.00	1,245.00
1	REAR BOOTLID HINGE LH (N)	NOT NECESSARY	125.00	-
1	REAR BOOTLID HINGE RH (N)	NOT NECESSARY	125.00	-
1	REAR BOOTLID INSULATOR (N)	NOT NECESSARY	213.00	-
1	REAR BOOTLID LOCK (N)	NOT NECESSARY	390.00	-
1	REAR BOOTLID INNER LAMP LH (N)	NOT NECESSARY	409.00	-
1	REAR BOOTLID INNER LAMP RH (N)	NOT NECESSARY	409.00	-
1	REAR BOOTLID WEATHERSTRIP (N)	NOT NECESSARY	219.00	-
1	REAR BOOTLID NUMBER PLATE LAMP LH (N)	NOT NECESSARY	54.00	-
1	REAR BOOTLID NUMBER PLATE LAMP RH (N)	NOT NECESSARY	54.00	-
2	REAR BOOTLID STOPPER (N)	NOT NECESSARY	48.00	-
1	REAR BOOTLID LAMP LH (N)	REPEATED	389.00	-
1	REAR BOOTLID LAMP RH (N)	REPEATED	389.00	-
1	REAR BUMPER (N)	DISTORTED	795.00	688.00
1	REAR BUMPER RETAINER RH (N)	NOT NECESSARY	65.00	-
1	REAR BUMPER REINFORCEMENT BRACKET RH (N)	BENT / TWISTED	155.00	151.00
1	REAR BUMPER REINFORCEMENT (N)	CRACKED	384.00	384.00
1	REAR BUMPER LOWER GARNISH (N)	DISTORTED	509.00	241.00
1	REAR BUMPER REFLECTOR RH (N)	CRACKED	256.00	60.00
1	REAR BUMPER REFLECTOR COVER RH (N)	NO SUCH PARTS	193.00	-
1	REAR FENDER RH (N)	TO REPAIR SEE LABOUR	1,828.00	-
1	REAR FENDER INNER SHIELD RH (N)	NOT NECESSARY	278.00	-
1	REAR TAILLAMP LH (N)	NOT NECESSARY	498.00	-
1	REAR TAILLAMP RH (N)	NOT NECESSARY	498.00	-
1	REAR TAILLAMP PANEL LH (N)	NOT NECESSARY	299.00	-
1	REAR TAILLAMP PANEL RH (N)	NOT NECESSARY	299.00	-
1	END PANEL (N)	DENTED / BENT	694.00	481.00
1	END PANEL TOP GARNISH (N)	NOT NECESSARY	219.00	-
1	REAR EXHAUST MOUNTING (N)	NOT NECESSARY	108.00	-
1	REAR EXHAUST MUFFLER (N)	NOT NECESSARY	2,250.00	-

Report Ref No. CS/SMR24120347/Uqp3e2(N)



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,339.70	-325.00
			12,057.30	2,925.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	100.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	40.00	30.00
1	SET REAR FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	40.00	-
1	BOOTLID INSULATOR CLIP (SN)	NOT NECESSARY	30.00	-
1	SET REAR REVERSE SENSOR (SN)	MALFUNCTION	400.00	200.00
			610.00	230.00
	<u>LABOUR</u>			
	CHECK ALL WIRING AND LIGHTING SYSTEM.		150.00	20.00
	REMOVE, RENEW CONDENSER AND TOP UP GAS.	NOT NECESSARY	150.00	-
	REMOVE, REFIT REAR LINING, TRIM AND GARNISH.		200.00	60.00
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	30.00
	REMOVE AND STRAIGHTEN REAR EXHAUST.	NOT NECESSARY	150.00	-
	REMOVE AND RENEW FLOOR INSULATOR.	NOT NECESSARY	150.00	-
	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW.		250.00	50.00
	PANEL BEATING ON AFFECTED AREAS AND RENEW DAMAGE PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		1,500.00	600.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,500.00	850.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
			4,350.00	1,610.00
GRAND TOTAL			17,017.30	4,765.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,800.00

Report Ref No. CS/SMR24120347/Uqp3e2(N)

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	20/12/2024 14:27 (SGT)
Reported by	Actual Driver
Date of Accident	20/12/2024 08:15 (SGT)
Exact Location of Accident	Anchorvale St, Singapore
Additional Location Information	ANCHORVALE STREET TURNING INTO SENGKANG GENERAL HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9786Z
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJANDRANATH GUHA S/O JAGANATH GUHA
NRIC No	SXXXXX018I
Email Address	RAJANDRANATHGUHA@GMAIL.COM
Mobile Phone No	(Phone) +65-98891092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146149658

DRIVER

Name of Driver	KAVIPRIYA D/O BALRAJ NAIDU MRS RAJANDRANATH GUHA
NRIC No	SXXXXX329E
Date Of Birth	17/05/1990
Occupation	Indoor
Driving Pass Date	18/02/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98891002
Alt. Phone Number	-
Email Address	RAJANDRANATHGUHA@GMAIL.COM
Address	55 EDGEDALE PLAINS
Address complement	#01-11
Postcode	828679
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	RAJANDRANATH GUHA S/O JAGANATH GUHA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attach

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1458S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJANDRANATH GUHA S/O JAGANATH GUHA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 2 Days
Injured person in which vehicle?	SLC9786Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	KAVIPRIYA D/O BALRAJ NAIDU MRS RAJANDRANATH GUHA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 2 Days
Injured person in which vehicle?	SLC9786Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

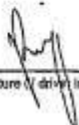
At the stated date and time, I was driving my vehicle A (9LC9786Z) at Anchorvale St turning into Bengkang General Hospital. I was stopping my vehicle behind of a pedestrian crossing to wait for the pedestrian pass by. Suddenly, I felt an impact from my rear. I alighted from my car and realized the vehicle B (9MB1458S) had collided onto my vehicle rear right portion. After the accident, I felt pain and went to see the doctor and get 2 days MC.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

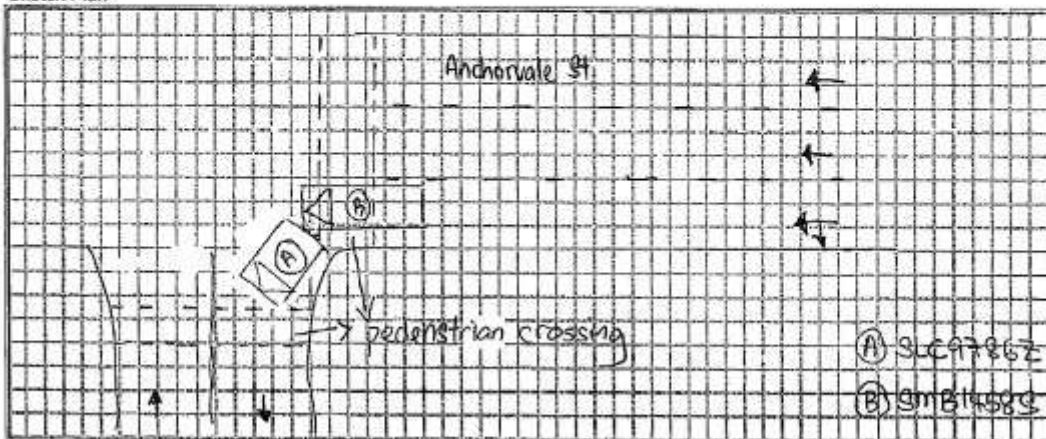
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (If Driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



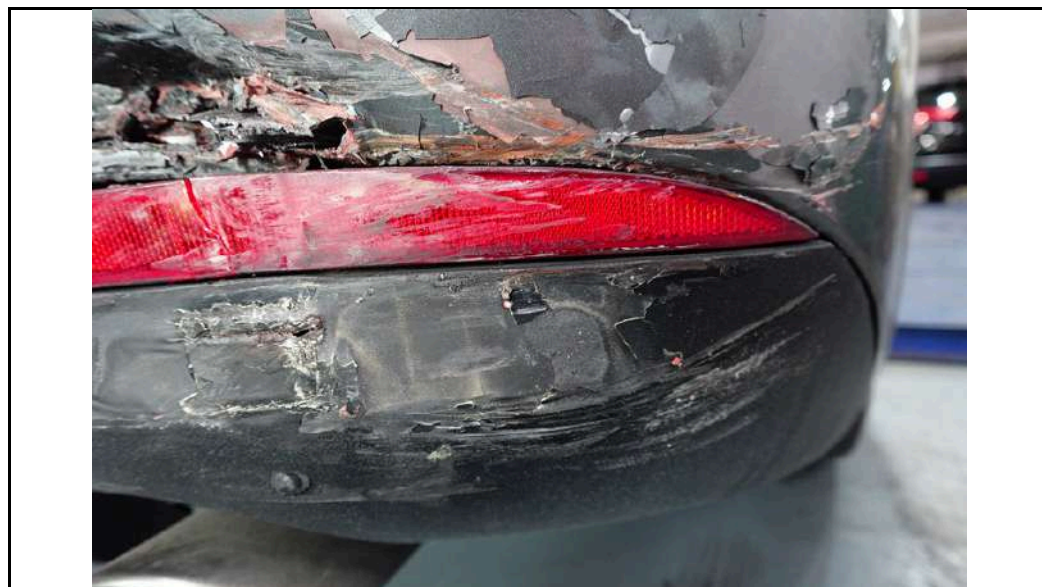
PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



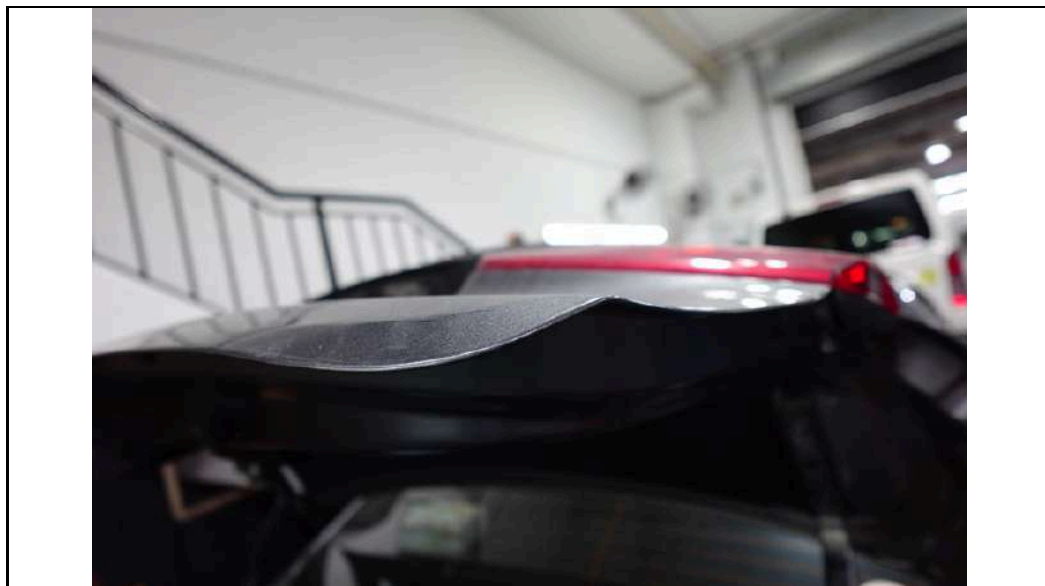
PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z



PHOTOGRAPHS FOR VEHICLE NO. : SLC 9786Z

